

Fill in this information to identify the case:

Debtor 1 Nehme G. Chakhtoura
 First Name Middle Name Last Name

Debtor 2 Candice S. Chakhtoura
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE District of FLORIDA (Jacksonville)
 (State)

Case number: **3:14-bk-02668-JAF**

FILED
 JACKSONVILLE, FLORIDA

APR 29 2022

CLERK, U.S. BANKRUPTCY COURT
 MIDDLE DISTRICT OF FLORIDA

Form 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1,106.34
Claimant's Name:	Nationstar Mortgage LLC dba Mr. Cooper
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2780 Lake Vista Drive Lewisville, TX 75067- <u>Francine.miller@mrcooper.com-</u> 972 894-0319

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same. ³
 The Owner of Record is the original payee.

4. Notice to United States Attorney

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
MIDDLE District of FLORIDA
 Attention: Civil Procedures Clerk, 400 N. Tampa St., Suite 3200, Tampa, FL 33602

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: April 27, 2022
Francine Miller
 Signature of Applicant

Francine Miller _____ Printed
 Name of Applicant

Address:

C/O Nationstar Mortgage LLC dba Mr. Cooper
2780 Lake Vista Drive
Lewisville, TX 7506

Telephone: **972 894-0319**

Email:

Francine.miller@mrcooper.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable) _____

Printed Name of Co-Applicant (if applicable) _____

Address: _____

Telephone: _____

Email: _____

6. Notarization

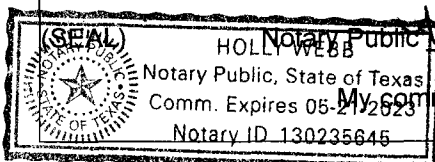
STATE Texas
 OF _____

COUNTY OF Denton

This Application for Unclaimed Funds, dated 4/27/22 was subscribed and sworn to before me this _____

27th day of April, 2022 by Francine Miller

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

**6. Notarization**

STATE _____
 OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before _____

me this _____ day of _____, 20 _____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: _____

Form 1340

Application for Payment of Unclaimed Funds

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